up a Committee under the Chairmanship of retired High Court Judge to decide whether the fee proposed by the institute is justified and does not amount to profiteering or charging of capitation fee. The said committee may approve the fee structure proposed by the institute or may propose some other fee, which shall be binding on the institute for a period of three years. Any violation in charging of fee is to be looked after by the concerned State Governments.

New method for Peadiatric AIDS testing

2027. SHRI EKNATH K. THAKUR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that India is the first country to introduce DNA Polymerase Chain Reaction (PCR) test, a dry blood sampling method of testing for paediatric AIDS;

(b) whether it is also a fact that till now, there was no way to diagnose a newborn with HIV; and

(c) if so, the details of the new method?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMDOSS): (a) to (c) No, Sir, India is among the few countries in the world to introduce DNA Polymerase Chain Reaction (PCR) test, a dry blood sampling method of testing for paediatric AIDS.

Currently used rapid/ELISA tests in the programme detect antibodies to HIV which are present in children of HIV positive mothers and may give false positive results in children under 18 months of age.

The new method will collect blood sample of children under 18 months of age on a filter paper and after drying, this will be tested for proviral DNA of HIV.

Clinical establishment ACT

2028. SHRIMATI S.G. INDIRA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that Government are considering to introduce a Clinical Establishment Act;

(b) if so, the details thereof;

(c) whether it is also a fact that Government are considering to create a central registry for the hospitals and the diagnostic centres; and

(d) if so, the details thereof?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMDOSS) (a) to (d) Enactment of a Legislation for registration & regulation of Clinical Establishments is a priority of the Government.

Since health is a State subject, maintenance of registry of hospitals and the diagnostic centres is the responsibility of the State Governments.

Closer of Rural and Cottage Industries in Karnataka

2029. SHRIMATI PREMA CARIAPPA: Will the Minister of AGRO AND RURAL INDUSTRIES be pleased to state:

(a) whether Government are aware of the fact that the condition of traditional rural and cottage industries has been deteriorating and these industries are on the verge of closure, especially in Karnataka;

(b) if so, the details thereof and the reasons therefor; and

(c) the steps taken by Government to improve their conditions and the extent to which Government have succeeded in improving the situation?

THE MINISTER OF AGRO AND RURAL INDUSTRIES (SHRI MAHABIR PRASAD): (a) and (b) No, Sir. The performance of village industries throughout the country, including Karnataka, has shown marked improvement and their condition has not deteriorated. The details of growth in the value of production and sales of the village industry sector as well as employment, in Karnataka as well as the country as a whole, during each of the last three years are given below:

Year	Production (Rs. crore)		Sales (Rs. crore)		Employment (lakh persons)	
	Karnataka	Country as a whole	Karnataka	Country as a whole	Karnataka	Country as a whole
2003-04	791.80	9228.27	870.60	10988.17	2.42	62.58
2004-05	844.71	10458.89	944.23	12487.35	2.64	68.14
2005-06	921.92	11915.54	1059.39	14647.33	2.91	74.09